



(name of agency)

(address)

Phone (____) ____-____ Fax (____) ____-____

Multi-Family Weatherization Notification

A. PROJECT INFORMATION:

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Agency Project Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Agency Technical Manager (If different from above)

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

B. OWNER INFORMATION:

Name	Address	Telephone

C. PROPERTY INFORMATION:

Address: _____

City/County: _____

Deed Book #: _____ Page #: _____ Date Filed: _____

Name (s) Under Which Title is Held: _____

Manner in Which Title is Held: _____

Number of Buildings: _____

Units per Building: _____

Total Number of Units: _____

Percent of Units That Are Income Eligible: _____

Total Number of Vacant Units: _____

D. TENANT INFORMATION:

Number of Children Under Age 19: _____

Number of Elderly: _____

Number of Disabled: _____

Does the Agency Have a Copy of the Rent Rolls? ☐ YES ☐ NO

Are Heating Utilities Paid by the Occupants? ☐ YES ☐ NO

Other:

E. FUNDING SOURCES:

Source	Amounts	Exp Dates

I. REPAIRS

List and Describe **All** Planned Energy Related Repairs (Measures outside the scope of the Installation Standards)

F. IMPROVEMENTS AND MATCHING FUNDS

List All Improvements Completed Within the Previous Year That Will Be Counted Towards the Required Minimum Owners Match

Improvements	\$Amount	Date Completed

List All Committed Improvements or Matching Funds That Will Be Counted Towards the Required Minimum Owners Match

Improvements	\$Amount	Est. Completion Date

G. Schedule

Tentative Start Date: _____

Projected Completion Date: _____

Please notify DHCD one week prior to the first building being started.

AGENCY AUTHORIZED REPRESENTATIVE SIGNATURE

_____ Date: _____

_____ Date: _____

Are Photographs Attached? ☐ YES ☐ NO